

02-04-05

15214/8

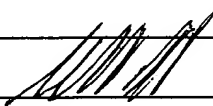
Please type a plus sign (+) inside this box → ☐

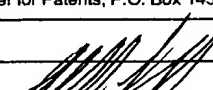
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/733,707
	Filing Date	12/08/2000
	First Named Inventor	Pontus Soderstrom
	Group Art Unit	2141
	Examiner Name	MIRZA, ADNAN M.
Total Number of Pages in This Submission	Attorney Docket Number	AXISP001

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers # (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply 11	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition #	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1-Check of \$510.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input checked="" type="checkbox"/> Return Receipt Postcard	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	IP Creators
Signature	 Charles C. Cary Reg. #: 36,764
Date	February 2, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service in an envelope with Express mail No. ED 275850620 US addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: February 2, 2005			
Typed or printed name	Charles C. Cary		
Signature		Date	February 2, 2005

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# **FREE TRANSMITTAL** **for FY 2005**

Patent fees are subject to annual revision.

**AMOUNT OF PAYMENT** (\$) **510**
**Complete if Known**

Application Number	09/733,707
Filing Date	12/08/2000
First Named Inventor	Pontus Soderstrom
Examiner Name	MIRZA, ADNAN M.
Group Art Unit	2141
Attorney Docket No.	AXISP001

**METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: **50-1338**

Deposit Account Name: **IP Creators**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ **Payment Enclosed:**

☒ Check ☐ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>			<b>(\$)</b> <b>0</b>

**2. EXTRA CLAIM FEES**

Total Claims:  -20 =  -20 X  =  \$0

Independent Claims:  -3 =  -3 X  =  \$44

Multiple Dependent Claims:  =  \$0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			<b>(\$)</b> <b>0</b>

\*\*for number previously paid, if greater; For Reissues, see above

**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	\$0
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	\$0
1053 130	1053 130	Non-English specification	\$0
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	\$0
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	\$0
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	\$0
1251 110	2251 55	Extension for reply within first month	\$0
1252 410	2252 205	Extension for reply within second month	\$510
1253 930	2253 465	Extension for reply within third month	\$0
1254 1,450	2254 725	Extension for reply within fourth month	\$0
1255 1,970	2255 985	Extension for reply within fifth month	\$0
1401 320	2401 160	Notice of Appeal	\$0
1402 320	2402 160	Filing a brief in support of an appeal	\$0
1403 280	2403 140	Request for oral hearing	\$0
1451 1,510	1451 1,510	Petition to institute a public use proceeding	\$0
1452 110	2452 55	Petition to revive - unavoidable	\$0
1453 1,300	2453 650	Petition to revive - unintentional	\$0
1501 1,300	2501 650	Utility issue fee (or reissue)	\$0
1502 470	2502 235	Design issue fee	\$0
1503 630	2503 315	Plant issue fee	\$0
1504 300		Pfublication Fee	\$0
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	\$0
1806 180	1806 180	Submission of Information Disclosure Stmt	\$0
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	\$0
1809 750	2809 375	Filing a submission after final rejection (37 CFR § 1.129(a))	\$0
1810 750	2810 375	For each additional invention to be examined (37 CFR § 1.129(b))	\$0
1801 750	2801 375	Request for Continued Examination (RCE)	\$0
1802 900	1802 900	Request for expedited examination of a design application	\$0
Other fee (specify)		10 Printed copies of Patent @ \$3.00	\$0
<b>SUBTOTAL (3)</b>			<b>(\$)</b> <b>510</b>

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY**

Name (Print/Type)	<b>Charles C. Gary</b>	Registration No. (Attorney/Agent)	<b>36,764</b>	Telephone	<b>(408) 850-9585</b>
Signature		Date	<b>Feb 2, 2005</b>		

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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CERTIFICATE OF 'Express Mailing' 37 CFR 1.10

I hereby certify that the attached papers and/or fees referred to herein are being deposited with the United States Postal Service 'Express Mail Post Office to Addressee' service under 37 CFR 1.10, Mailing Label Number ED 275850620 addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on this date: February 2, 2005

Signed:   
Charles C. Cary

In re application of: Pontus Soderstrom

Attorney Docket No.: AXISP001

Application No.: 09/733,707

Examiner: MIRZA, ADNAN M.

Filed: December 8, 2000

Group: 2141

Title: **I/O METHOD AND APPARATUS FOR  
OPTICAL STORAGE MEDIA**

Confirmation No.: 1724

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**AMENDMENT and RESPONSE PURSUANT TO 37 CFR 1.111 AND 1.115**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of **August 2, 2004**, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 9 of this paper.